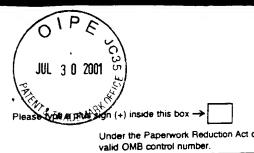




PTO/SB/51 (12-97)
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Docket Number (Opti nal)

REISSUE APPLICATION DECLARATION BY THE INVENTOR 4764								
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number								
the specification of which								
is attached hereto.								
x was filed on rebruary 10, 2000 as reissue application number / 502,120								
and was amended on								
(If applicable)								
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)								
by reason of a defective specification or drawing.								
by reason of the patentee claiming more or less than he had the right to claim in the patent.								
by reason of other errors.								
At least one error upon which reissue is based is described as follows:								
My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restrictive claims by my former attorney of record.								
My intent to include claims of the proper scope to provoke an interference in the original patent application was not carried out through the course of prosecution.								





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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3_ of __5

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
John					Greene						
inventor's Signature	l l										
Residence: City		State	,		Country		Citizens	hip			
Post Office Addres	ast Office Address										
Post Office Addres		· · · · · · · · · · · · · · · · · · ·						<u> </u>			
City		State			ZIP		Country				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
Lee 2 . /					Veneklasen						
Inventor's Signature	aulbullase-				8/30/00 Date						
Residence: City	Cucho Vallo	Cycho Vallay State CA			Country	USA	Citize	Anship			
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City	Castro Valla	State	CA	!	ZIP	94546	Count	try	USA		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
						Ling					
inventor's Signature									Date		
Residence: City	Saratoga	State	CA		Country	U.S.A.		Citize	nship	U.S.A.	
Post Office Address	19584 Via Monte Drive										
Post Office Address						_					
City	Saratoga	State	CA		ZIP	95070	Co	Country U.		.s.A.	

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